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East Central Human Rights Authority
Report of Findings
Case 09-060-9014
Center for Human Services

The East Central Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegations concerning mental health services at the Center for Human Services located in Bloomington, Illinois:

Complaints:

1. **The facility did not conduct an adequate assessment on an individual who needs psychiatric care.**
2. **The facility will not provide needed medications.**

If found substantiated, the allegations represent violations of the Mental Health and Developmental Disabilities Code (405 ILCS 5/1 et seq.) and Title 59 of the Ill. Administrative Code Part 132 regarding Medicaid Community Mental Health Services Programs.

Per its website: "The Center for Human Services exists to assist persons in McLean County, Illinois who are in need of mental health treatment. The Center provides community-based mental health services in the least restrictive setting. The Center's services are available to anyone in McLean County, but are prioritized to those with the greatest need and fewest resources. Every effort is made to remove financial barriers. The Center safeguards client rights by treating individuals with dignity and respect and by protecting confidentiality as defined by law. They provide 24-hour Crisis Intervention, Access, Youth Counseling, Adult Counseling, Case Management, and Medical Services. "

COMPLAINT STATEMENT

Complaints:

According to the complaint the individual has a history of documented suicidal attempts. He is currently treated by the Center for Human Services. Every time the recipient goes for treatment he is reportedly told that his panic attacks and anxiety are not priorities. They will put him on a list to see the psychiatrist that he used to see, but he is never scheduled to see the psychiatrist. Psychiatric services are not provided for him but these services are provided for other patients. He cannot afford to see a different provider. The recipient has missed several appointments with his counselor. He is afraid that he will be out in public and have a panic attack and pass out. On 7/17/08 the recipient was diagnosed with several mental health

conditions such as: paranoia, sleep disorder, loss of motivation. In 2009 he was diagnosed with panic disorder with agoraphobia, feelings of worthlessness, and depression. He has chronic pain and takes methadone for pain for degenerative arthritis.

Findings

The HRA proceeded with the investigation after having received written authorization to review the consumer's record. To pursue the matter, the HRA visited the facility where the program representatives were interviewed. Relevant practices, policies and sections of the consumer's record were reviewed.

When asked about the types of services provided, the response was about 3500 patients are served as outpatients. There are approximately 75 staff members available to provide services. The Center provides mental health outpatient services in the Mclean County area. Some of the services provided are counseling, case management, and outreach services to persons with developmental disabilities, those struggling with substance abuse and mental health needs.

Regarding the assessment process, it was explained to the HRA, that an individual seeking services could request an appointment by phone or in person. They will come for an intake appointment within 2 to 30 days. The intake appointment would be conducted by a master's level clinician who would make the initial diagnosis. As far as providing a reasonable accommodation for an individual with agoraphobia as in this case, that person could call PATH, which is the Center's 24/7 crisis, informal and referral hotline. Appointments could sometimes be conducted by phone. The Center also provides interventions for people who are experiencing homelessness.

It was explained that the focus of recovery is to address what is wrong and help that person get back on his/her feet. In most cases only 50% of new clients make it to their first appointments and only half of them continue treatment. There is about a 75% fallout rate.

Regarding treatment and psychiatric care in general, the staff stated that if you come to seek treatment at the facility, you have access to the psychiatrist. Those who are suicidal, homicidal or have an immediate need such as schizophrenia would have first priority. After an intake screening, an appointment could be scheduled with a psychiatrist who provides orders for medications. They have separate funds to help those who cannot afford their medications.

When asked why medications would be delayed or withheld, the response was that if medication was determined by a psychiatrist not to be appropriate or not to be used long term for an individual. In some cases, if an individual does not make his/her appointments, it cannot be determined whether to continue that medication. Treatment is determined and monitored by a master's level clinician. If there was a new diagnosis identified, the treatment plan would be revised accordingly. If a recipient asks to see a physician, the request can be accommodated. A recipient can also request to transfer to a different therapist.

When asked what quality assurance methods the agency utilizes, the response was that they have met standards for organizations serving people with disabilities (the Commission on Accreditation of Rehabilitation Facilities - CARF), having been certified three years in a row. They have an appeals process that is explained in the orientation. There is ongoing ethics training, abuse and neglect prevention, and they have a clinician who holds ongoing and regular in-house training.

Regarding the individual, he needed to see the psychiatrist before his medication could be prescribed. He could have made his appointment by phone. This would have been discussed with him and provided on the handouts given at the intake assessment. He had missed several appointments that had been set up for him. Some of the drugs the individual wanted prescribed were not considered safe to use for long periods of time.

Records Reviews

The following is a timeline of services documented in the record:

05/22/08 - The patient called to set up services.

06/06/08 - At the first intake appointment a comprehensive mental health assessment was completed. It is documented that the patient is seeking mental health treatment for depression. He hasn't been able to work for the past 2 years due to degenerative arthritis, degenerative disc disease, and chronic pain. He felt he had lost his independence. He felt sad and hopeless. He had lost 10% of his body weight due to a lack of appetite. He cannot get normal restful sleep. His history documented previous MH treatment at the same facility, substance abuse treatment and a previous DUI. He has been clean and sober for over one year.

He had a previous suicide attempt by an overdose of alcohol and medications which resulted in him being admitted to the local behavioral health unit. He is currently being treated for the pain of arthritis with Methadone. His diagnoses were major depression and panic disorder with agoraphobia. An initial treatment plan was formulated with the patient.

The services to be provided were:
Case Management - Mental Health Therapy/Counseling
Psychotropic Medication
Psychosocial Rehabilitation
Community Support
Treatment Plan Development/Revise/Modify
There is a request to schedule appointments at a different time than a family member who uses the same services.
It is documented that the patient has a disability case pending, his medical card is pending, and he receives township income of $150 per month and food stamps.

6/18/08 - The patient met with the Licensed Clinical Social Worker (LCSW).

07/07/08 - The patient met with the Licensed Clinical Professional Counselor (LCPC).

07/17/08 - The patient met with the LCPC; an appointment was to be scheduled with the psychiatrist for depression and anxiety.

08/15/08 - The patient met with the LCPC; there was discussion about the patient taking Lexapro, but the patient did not feel it was helping him.

08/29/08 - The patient met with the LCPC; there is documentation that the LCPC will try to assist patient to see the physician.

09/11/08 - The patient was unable to come to the appointment because he was not feeling well and the appointment was rescheduled.

09/17/08 - The documentation states that the patient failed to show for the appointment.

09/30/08 - The patient met with the LCPC. There is documentation that the patient discussed with his therapist that he had taken Lexapro for 30 days and it was not helping him, and the patient had trouble sleeping. Another appointment was made with the physician to see about changing medication. The LCPC was advised by a nurse to call back another day.

10/15/08 - Per the documentation, the appointment had to be rescheduled; the patient had missed the bus.

10/24/08 - There is documentation that the patient failed to show for the appointment. A therapist would try to call patient to set up follow-up appointment.

11/14/08 - The patient met with the LCPC; the documentation from the appointment states that per discussion with patient, the patient had actually fainted twice recently from anxiety. The therapist was trying to assist the patient with seeing the physician. The patient did not want to use the medical clinic provider and see his primary physician because he did not trust him. Coping skills were discussed with the patient.

12/08/08 - Documentation shows that a treatment plan had been completed with the patient. Panic disorder and agoraphobia were discussed with patient.

12/16/08 - A referral was made to psychiatrist by the LCPC.

12/18/08 - The referral to the psychiatrist was denied because the patient was being treated for chronic pain and it was decided that it would be better for his family doctor to coordinate the patient's medications.

01/14/09 - The patient failed to show for an appointment. The weather was bad; the therapist noted he would attempt to call the patient if he did not contact him first.

02/02/09 - The patient met with the LCPC; the psychiatrist referral that had not been approved by the agency was discussed with patient, and the patient was encouraged to see his primary medical physician.

02/16/09 - The patient met with the LCPC; it was documented that the patient still had not talked to his primary care physician about modifying his medication, but would see him this week. The therapist worked with the patient in writing down his symptoms to go over with his primary care physician. The therapist hoped the primary care physician would be able to prescribe something that would help the patient.

03/09/09 - The patient came to his appointment an hour early, but left with the message if he did not return on time he would reschedule.

03/19/09 - In this session a treatment plan was formulated with the patient. The current primary care physician would not prescribe anti-anxiety medication, only continue to prescribe Lexipro even though the patient contends that it did not work for him. The patient was having suicidal thoughts that he was trying not to act on. The therapist was going to write up another referral to see the psychiatrist.

04/02/09 - The patient called to cancel his appointment; he had a simultaneous appointment regarding an MRI with his primary care physician.

04/03/09 - Progress notes state that the patient called the therapist and discussed issues that were causing anxiety.

04/13/09 - The patient did not show up for his appointment.

04/27/09 - The therapist tried to call the patient, because he did not show for his appointment.

04/30/09 11:50 am - Progress notes document that the patient called about a referral to the psychiatrist. The therapist attempted to call the patient with the assistance of a colleague, about the appointment with the psychiatrist, but could not reach him. He did leave a message.

04/30/09 12:40 pm - Progress notes document that the patient returned his call and it was recommended that he consult his family physician for medication or seek another physician who could provide the services he needed.

06/05/09 - Progress notes document that the therapist had called the patient on 05/22/09 with a request that he call to arrange for therapy by 06/1/09 or he would be closing the file. A notice was sent to the client advising him of being discharged from therapy. The patient was made aware of the availability of PATH services and the Crisis Team. The patient had agreed to contact them if needed. The condition for returning to service was a commitment to therapy.

Policy Reviews

The HRA reviewed the Rights and Responsibilities statement (3/2003), orientation packet and consent to services. It explained rights pursuant to the Mental Health Code. This policy

explained that case management services were provided to adults with mental illnesses. These services are individualized and provided at variable levels of intensity based upon client needs. Goals included helping persons affected with mental illness achieve self-sufficiency and maintain community living.

Under medical services, psychiatrists are available to provide evaluation and treatment for Center clients in need of medical intervention. Assistance is given by nursing staff to provide services including medication monitoring and client education.

It explained that an individual would receive an assessment for services to determine the right services and programs that would meet the individual's needs. A therapist would be assigned to work with each individual who is a trained professional with a background in psychology, social work, and or/counseling.

It explained how to file a grievance, make a complaint, set or cancel an appointment, and how to receive emergency services for medication and crises assessment. Both Rights and Responsibilities and the Code of Ethics were posted where patients could access the information.

The HRA reviewed the Center for Human Services Medical Services (6/2009) policy which addressed the following topics: provider contact information, prescription refills, medication emergencies, client education, confidentiality, forms, depot clinic, fees and payments, lab tests, special procedures and the policy for missed appointments. Under medication emergencies it states: "During office hours call Medical Services directly. We request that after hours you call our Crisis Team. PATH Crisis Team answers the Center's phone after hours, on weekends, and on holidays. They will contact the Crisis Team for you. If the Crises Team member is unable to help you resolve your problem, they may call the doctor on your behalf. However, if the emergency is life threatening, go directly to the closest Hospital Emergency Room."

Under missed appointments it states "two consecutive failed appointments with the physician will result in automatic termination from Medical Services.

A cancellation without 24 hours notice will be considered a failed appointment.

The answering machine in Medical will accept messages 24 hours a day.

Repeated cancellations will jeopardize continued treatment as we will be unable to continue medication if your response is not periodically evaluated. "

<u>CONCLUSION</u>

Complaints:

1. **The facility did not conduct an adequate assessment on an individual who needs psychiatric care.**

The facility did make several assessments of the individual. He was assessed when he made his intake call on 5/22/11; on that date an assessment was made by the Crisis Team. He

was assessed in intake on 6/6/08 by a LCSW, who documented the individual would be provided case management, therapy/counseling, psychosocial rehabilitation, community support, and treatment plan development. A treatment plan was developed on 7/17/08. It was electronically signed by the individual, the LCPC, and the LCSW Supervisor. He was again assessed on 12/08/08 and referred to the psychiatrist. It was recognized that he needed psychiatric care. He was then referred back to his primary care physician for medication but the Center still provided case management, therapy and counseling. Pursuant to the Mental Health and Developmental Disabilities Code, 5/2-102, a recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The plan shall be formulated and periodically reviewed with the participation of the recipient. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided."

Title 59, Section 132.165 regarding Case Management Services addresses assessment issues as follows:

"a) Mental health case management services include assessment, planning, coordination and advocacy services for clients who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, educational, housing, public income entitlements and other community services to assist the client in the community. Case management activities may also include identifying and investigating available resources, explaining options to the client and linking them with necessary resources."

Mental health case management services, including assessment, planning, coordination and advocacy services had been provided for the patient. Assistance was provided in identifying and investigating available resources, explaining options to the patient and linking him to some resources. In this case the views of the recipient were considered and requested by his therapist. The individual signed off on his treatment plans. Based on the evidence in the record, regarding the **Complaint 1: The facility did not conduct an adequate assessment on an individual who needed psychiatric care is <u>unsubstantiated</u>.**

Complaint 2. The facility will not provide needed medications.

This individual who was diagnosed with major depression, anxiety and agoraphobia managed to call and ask for help on 5/22/08. He also attended the first six appointments for assessment and therapy. This would have been very challenging considering his disabilities and lack of financial resources. The Center for Human Services did refer him to his medical provider for medication for mental health. This was documented on his treatment plan. He was prescribed Lexapro by his primary care, but it was documented that this medication did not work for him and his medical physician would not offer him anything else. He also was prescribed Methadone by his primary care physician who had to be consulted regarding any psychiatric care he would have received per the psychiatrist. There would have been some financial limitations by the provider to pay for some of these services. There were also financial limitations by the individual needing services.

Pursuant to the Mental Health Code, 5/2-102. (a): "In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided." As stated previously in the report, the plan of treatment was completed with the individual and his therapist. Title 59, Section 132.165 regarding Case Management Services states that: "a) Mental health case management services include assessment, planning, coordination and advocacy services for clients who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, educational, housing, public income entitlements and other community services to assist the client in the community. Case management activities may also include identifying and investigating available resources, explaining options to the client and linking them with necessary resources.

1) Services may consist of: A) A meeting or conference for professional communication among provider staff, staff of other agencies, or other professionals involved in the treatment process."

The Center for Human Services did provide therapy by a therapist who kept in contact with the patient, even when the patient later missed appointments. He had missed his last three appointments and the therapist attempted to contact the individual to work with him when the patient did not respond, the services were terminated. He did attempt to strengthen the individual's independence, self-esteem and ability to participate in therapy. The therapist made several referrals to the psychiatrist on the individual's behalf to enable access to needed services, commensurate with the patient's individual wishes and address needs. However the first referral was denied because the psychiatrist wanted the patient's primary care physician to coordinate treatment because of the patient taking Methadone for pain. It was documented that the therapist was going to attempt to make a second referral, but the patient failed to attend follow up appointments.

Per the Mental Health Code, and based on the evidence, the individual's rights regarding medication were not violated. **Compliant 2., The facility would not provide needed medications has been <u>unsubstantiated as a rights violation.</u>**

<u>SUGGESTIONS</u>

The HRA would strongly suggest the Center for Human Services to consider having their psychiatrists collaborate directly with client's medical physicians to determine psychiatric medication. Most individuals seeking services may have limited resources to attend more physician appointments to coordinate medication needs for mental health. The individual in this report had an income of $150.00 per month. There is no evidence that he had any medical insurance.

The HRA commends the efforts of the LCPC who made every attempt to help this individual and had made numerous contacts with him to work with his disability and limited resources. The HRA thanks the Center for Human Services for their full cooperation during the investigation.